

IN DEFENCE OF CAREGIVING: Neoliberalism, Care Ethics, and Graphic Medicine

Sathyaraj Venkatesan and Livine Ancy A. ♦

Abstract: Neoliberalism's generic propensity to glorify human independence and autonomy overlooks the inevitable vulnerabilities and the concomitant dependencies. Further, idealising such disembodied conceptions marginalises interdependence, relationality, and the ubiquity of care. Neoliberal tendencies, which belittle the socio-political and cultural importance of care, are countered by the ethics of care philosophy. Defending humans as relational entities, the care ethics offers philosophical credence and legitimacy to dependencies caused due to old age, illness, and impairment. Against such a background, graphic somatographies play a distinctive and productive role in representing the inevitability of interdependence and care caused by illness. Drawing theoretical insights from Martin Buber, Arthur Kleinman, Joan C Tronto, and others, this article examines how caregiving provides alternative ways of living for ill/disabled people and their caregivers and shows the significance of caregiving against the backdrop of neoliberal policies. This article also presents how the interdisciplinary field of graphic medicine fortifies the inevitability of dependency and care as an embodied practice.

Keywords: Caregiving, Graphic Somatographies, Health Humanities, Interdependence, Relationality, Sustainable Prosperity, SDGs.

1. Introduction

Economic rationality, market norms, and technological developments have infiltrated healthcare and marginalised the experiences of health professionals, patients, and their caregivers. Interdisciplinary areas

Dr Sathyaraj Venkatesan, Associate Professor, Department of Humanities and Social Sciences, National Institute of Technology, Trichy, authored six books and over ninety research publications that span African American literature, Health Humanities, Graphic Medicine, Film studies, and Culture studies. Email: sathyaiitk@gmail.com

Livine Ancy A. is a Research Scholar on Graphic Medicine and Health Humanities in the same department. Email: livine2212@gmail.com

such as medical humanities, health humanities, narrative medicine, and critical health humanities have emerged in response to contemporary healthcare's failure to acknowledge the human aspects of illness. These interdisciplinary fields also foreground the fundamental role of the arts and humanities in healthcare and afford constructive approaches toward health, well-being, illness, and relationships. As Bradley Lewis observes, health humanities is an inclusive and expansive term encompassing the other three terms: medical humanities, narrative medicine, and critical medical humanities (7). Notably, health humanities couples nuanced understandings afforded by arts and humanities in healthcare with George Engels' Biopsychosocial (BPS) model of medicine that addresses patients' psychic and social context along with their biomedical conditions. Such distinctive capability to pair the benefits of the arts and humanities with BPS model interlinks health humanities with UN's Sustainable Development Goals (SDGs). As the UN explains:

At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries – developed and developing – in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests (United Nations 2020).

One of the tenets of SDGs is to couple mental health with physical health. As an interdisciplinary domain, health humanities “embraces alternative and post-disciplinary possibilities for health, illness, and healing” and, in so doing, it functions as a fitting alternative to the healthcare wrapped in economic and biomedical rationality (Lewis 9). Health humanities underscores the importance of human contexts in healthcare, which includes the social, emotional, experiential, and psychic world of patients and their caregivers. In the neoliberal society that prioritises autonomy, ill/disabled people and their caregivers are relegated to the margins. The potential of caregiving to sustain life in contemporary society is predominantly underestimated. Perceived as the ‘moral limit of economic paradigm,’ an ‘existential practice,’ and as a ‘moral vision,’ caregiving plays a crucial role in ameliorating the sufferings of people who fail to conform to the normative ideals of neoliberalism.

2. Neoliberalism: A Brief Overview

Neoliberalism refers to the extensive "economisation," i.e., conversion of "non-economic domains, activities and subjects into economic ones – to all spheres of life" (Brown 3), that has occurred around the globe since the 1970s in the name of a "post-Cold War, post-welfare state social orders that celebrates unhindered markets as the most effective means of achieving growth and public welfare" (Maskovsky and Kingfisher 105). Broadly speaking, neoliberalism is a,

a sloppy synonym for capitalism itself, or as a kind of shorthand for the world economy and its inequalities ... a kind of abstract causal force that comes in from outside to decimate local livelihoods ... a broad, global cultural formation characteristic of a new era of 'millennial capitalism' – a kind of global meta-culture, characteristic of our newly deregulated, insecure, and speculative times. And finally, 'neoliberalism' can be indexed to a sort of 'rationality' in the Foucauldian sense, linked less to economic dogmas or class projects than to specific mechanisms of government, and recognisable modes of creating subjects. (Ferguson quoted in Bell and Green 240)

In the strictest sense, neoliberalism, an offshoot of capitalism, aggrandises 'economisation' and the classical liberal ideal of individual autonomy. Advocating market metrics and economic growth, neoliberalism tends to generate intensely isolated and unprotected individuals, deprived of basic life support, wholly vulnerable to capital's vicissitudes (Brown 3). The avid prioritisation of individuation and market metrics and practices dissuades, thwarts, and delegitimises all forms of social solidarities and collective responsibilities. As David Harvey observes, neoliberalism "proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets and free trade" (2). Thus, neoliberal normativity desires and privileges healthy, independent, and economically beneficial individuals. The discriminatory and ruthless neoliberal policies underprivilege and rebuff the lives that deviate from the ideals prescribed by neoliberalism.

In essence, the unilateral prioritisation of certain ephemeral human abilities not only disavows the inevitable social and physical vulnerabilities but also considers humans who fail to play a

productive role in economic growth as dispensable and fungible subjects. While idealising individual autonomy, ableism, and economic profit, neoliberalism disregards the well-being of human and non-human living beings. Neoliberalism prizes the anthropocentric ideal of self-sufficiency and independence even though interdependence creates conditions for living creatures to flourish. Anthropocentrism not only prioritises humans over non-human living beings but also associates dependent individuals with animals. Further, it considers their lives “unworthy of safeguarding” and deprives essential conditions for them to flourish (Butler 689). The society also has an unblinking predilection for autonomy and disregard for dependency. According to Martha Fineman: “[o]ur society mythologises concepts such as ‘independence’ and ‘autonomy’ despite the concrete indications surrounding us that these ideals are, in fact, unrealisable and unrealistic. Those members of society who openly manifest the reality of dependency—either as dependents or caretakers in need of economic subsidy—are rendered deviants” (quoted in DeFalco, *Graphic Somatography*, 232). Contrarily, the philosophy of care has the potential to divulge the universality of vulnerability, the inevitability of interdependency, and the relationality embedded in human lives. Therein lies the promise of care ethics.

3. Care ethics, Relationality, and Interdependence

As the philosopher Michael Slote observes, care ethics is grounded in “the idea of connection with and caring about others as ethically basic” (37). Care ethics concedes the universality of dependency and accentuates ethical relations, thus repudiating the “fictive creation” of the “independent individual” (Kittay quoted in DeFalco, *Graphic Somatography*, 225) and emphasising the importance of relationships over autonomy. Focusing on interdependence and intersubjectivity, the philosophy of care reconfigures the neoliberal conceptions of the person as an autonomous entity. In contrast to the disembodied principles of neoliberalism and anthropocentrism, ethics of care views personhood as relational and interdependent. Moreover, care ethics emphasises relationality as the desideratum for human survival and flourishing. Evidently, Wrenn and Waller claim,

... human lives begin with a dyadic relationship with the mother that expands into a network of relationship that define individuals

and structure their behaviour within the context of those relationship. Much activity is directed at sustaining and expanding these relationships. This is done partially by continually providing and receiving care (498).

Interestingly, Martin Buber's examination of human relations in his work *I and Thou* (1923) affords generative possibilities of recognising the interdependency of humans with other humans, environment, and even with spiritual beings. By drawing attention to human beings' enmeshed subjectivities and spectrum of interdependencies, Buber's theory of inter-relationality invalidates the neoliberal idealisation of autonomy.

Buber classifies the human self's relation with the world in dichotomous ways: I-It and I-You. Though the dichotomy concedes the interconnectedness of human lives with other entities in the world, the proximities of I-It relations differ from those of the I-You. While I-It refers to a discrete, fragmentary, objective, experience-based relationship, I-You, an a priori form of relation, invites involvement in relationships with "one's whole being." Classifying the latter kind into three spheres: "life with nature," "life with men," and "life with spiritual being," Buber underscores the human self's entanglement with nature, other humans, and God respectively. These three categories envisage the tangible nature of human survival. For Buber, the categories establish "the world of relation" (Buber).

Moreover, I-You is a form of 'natural association' that calls attention to human beings' primary longing for a relationship and confirms the certainty of dependency in human lives. Thus, Buber's philosophy regards humans as embodied subjects, and unsettles neoliberal idealisation of autonomy. His inclusive classification and demonstration of the intersubjective I-You relationship synergistically critique political ideologies that authorise independence and deepens the understanding of the inter-relational association of humans with a range of entities for a harmonious survival. Buber's relational philosophy stands in line with Wrenn and Waller's argument that "[humans] are recognisable individuals as separate physical entities, but the attributes that we exhibit as individuals are products of relations into which we are cast" (498).

Care, "the most deeply fundamental value" (Held 17), can be studied as the most profound form of I-You relationship. Care ethics lays bare diversities of interdependencies that encompasses humans,

animals, and the environment (Adams 696). Specifically, in human lives care represents access to the existence, body, thoughts, and the emotional world of the care-receiver. Care is a form of human relationship that involves the total togetherness of persons engaged in the process of care. Crowding out the neoliberal demands for autonomy and independence, ethics of care builds upon our desire to respond positively to the needs of others and upends neoliberal fantasies for autonomy “by emphasising human subjects as embodied and socially embedded” (DeFalco, *Graphic Somatography*, 225). Despite ethics of care philosophers’ various perceptions about care, as DeFalco observes, “there is general acknowledgement that care is fundamental for both survival and identity and that it is or should be beneficial to both care giver and the care receiver” (DeFalco, *Graphic Somatography*, 225). Despite its varying conceptions about caring, ethics of care unsettles all misleading notions about autonomy and dependency. Care is considered a moral duty towards the needs of others and includes relational practices that are necessary to sustain life and relationships. Care includes “a set of relational practices that foster mutual recognition and realisation, growth, development, protection, empowerment, and human community, culture, and possibility... relationships that are devoted... to helping educate, nurture, develop, and empower, assisting others to cope with their weakness while affirming their strengths” (Gordon, Benner, and Noddings quoted in DeFalco, *Moral*, 238). Notably, the embodied principles proposed by care ethics play a crucial role in implementing sustainable lifestyles.

4. Ethics of Care for Sustainable Prosperity

In addition to social, economic, and environmental prosperity, strong ethical principles pave the way to sustainable prosperity where human capabilities flourish. Premised on interdependence, care ethics characterises care as an intimate and necessary labour to sustain a meaningful and morally inflected life. Further, care ethics insists on the well-being of non-human living things and the environment, thereby suggesting its role in enhancing socio-economic and planetary prosperity. Joan Tronto identifies care both as a practice and as a disposition. For her, caring includes “everything that we do to maintain, continue, and repair our world so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life

sustaining web" (Tronto 103). Put together, care ethics demands conscious commitment, empathetic connection, and responsibility toward the needs and well-being of people, society, and environment.

Care ethics also foregrounds the role of caregivers and the care receivers, whose concerns are often glossed over in a neoliberal society. In contrast to the neoliberal ideas of ruthless economic development and the treatment of human beings as resources, ethics of care emphasizes the importance of collective responsibility to sustain life by recognizing the interdependence of humans and their ineludible vulnerabilities. Expressed differently, the ethical, relational, practical, and emotional aspects of care contribute toward sustainable peace and prosperity. Somatographies and graphic somatographies, the focus of this article, adduce the importance of care through providing non-fictional/fictional examples and thus demonstrate the potency of care in alleviating and mitigating the vicissitudes of life. Graphic somatographies present the significance of care as a practice during the challenging times of (chronic) illness and disability.

5. Somatography, Graphic Medicine, and Caregiving

Literary works invoke the presence of disabled or anomalous bodies and vanguard the importance of care in human lives through depicting the subjective experiences of illness, impairment, caregiving, and care receiving. Somatography, a subgenre of life writing, emphasises human embodiment and relationality. By drawing attention to inevitable somatic aberrancies that potentially transform physical capacities, the subgenre foreground dependencies fundamental to human lives. Somatography refers to memoirs that accentuate the experience of "living with, loving or knowing intimately someone" with an "odd or anomalous body" (Couser, *Signifying*, 2). Through laying bare the inevitable physical vulnerabilities, somatography challenges an unwarranted idealisation of autonomy. As Thomas Couser observes, in somatographies, "body, which is taken for granted when it performs normally, comes to the fore, thematically and otherwise: the occasion for writing, and the central concern, is a somatic aberrancy, and the narrative arc typically involves somatic changes—or attitudes toward them" (*Body*, 3). By representing care practices using affordances of comics, graphic medical narratives foster undeniable importance of care among the readers. In doing so, graphic medicine participates in the cultural

politics that challenges the idealisation of disembodied neoliberal policies. Before investigating how graphic medicine dismantles the normative constructions of neoliberalism, it would be informative to know about the definition and scope of graphic medicine.

Graphic medicine, an interdisciplinary field of academic study, is “the intersection of the medium of comics and the discourse of healthcare” (Czerwiec et al. 1). The medium’s potential to represent multiple perspectives about illness, healthcare, and medicine through a unique fusion of images and words makes it “an ideal way of exploring taboo and forbidden areas of illness and health care” (Czerwiec et al. 3). The medium promotes a cross-disciplinary approach towards socio-cultural concerns that impinge healthcare and renders intimate, accessible, and human representation of illness (Czerwiec et al. 169). As Venkatesan observes, it is “an emerging area of interdisciplinary field which explores comics’ distinctive engagement with and performance of illness experience” (93). The verbal-visual medium of comics foregrounds the subjective experiences of illness “while creating space to imagine the world otherwise” (Czerwiec et al. 169). The major themes addressed by graphic medical narratives include caregiving, grief, death, dying, doctor-patient relationship, and medical negligence, among others.

Graphic medicine has a unique way of asserting the gravity and urgency of care through verbal-visual depictions of embodied vulnerabilities and the universality of dependency. Graphic somatography is a specific kind of somatography that “depict[s] the experiences of vulnerability caused by illness or impairment, repeatedly drawing attention to the fragility of embodiment and inevitability of interdependence and care” (DeFalco, *Graphic Somatography*, 224). Graphic somatographies, populated by “extraordinary bodies,” belie the neoliberal prioritisation of autonomy by demonstrating the intrinsic role of inter-relationality in human survival. Graphic medicine’s primary reliance on images endows the medium with a unique potential for somatography (Couser, *Body*, 2). While both somatography and graphic somatography effectively foreground human embodiment, the latter has the potential to visualise the embodied experience of disability or illness, such as “pain and the fear of degeneration” (Couser, *Body*, 4). According to DeFalco, “while all somatography may attend to bodily experience, the visuality of graphic narrative creates powerful opportunities for

exploring and communicating embodiment and its repercussions" (*Graphic Somatography*, 225). Both somatographies and graphic somatographies are "uniquely equipped to render not just human embodiment but our resultant embeddedness in intimate personal relations—whether chosen or not" (Couser, *Body*, 17). However, graphic somatographies put the affected body on the page. In doing so, graphic somatographies explore "the consequences of human embodiment, namely disability, dependency and care" (DeFalco, *Graphic Somatography*, 226).

Graphic somatographies validate dependency and thus significantly contribute to the discourse of ethics of care by drawing attention to the crucial role of care for human survival and subjectivity (Couser, *Body*, 17; DeFalco, *Graphic Somatography*, 224). Interestingly, graphic caregiving memoirs "challenge the disembodied, independent "I" of autobiography in their depiction of caregiver's and care receiver's life as irrevocably intertwined, interdependent and mutually constitutive" (DeFalco, *Graphic Somatography*, 237). Underscoring the scope of graphic somatographies scope to dismantle the neoliberal ideal of autonomy, DeFalco observes that the genre "put[s] embodiment and concomitant dependency front and center. In this way, the genre has the potential to 'embody' a care perspective in its insistent attention to the vulnerability of corporeality, interrelationality, and interdependence" (*Graphic Somatography*, 226). Graphic somatographies potentially admit human embodiment "into the narrative in new ways, both literally and metaphorically" (Couser, *Body*, 17). Predominantly graphic caregiving memoirs depict the experiential truths from a caregiver's perspective. However, graphic medicine's potential to incorporate multiple perspectives gives the expressional right to caregiver's and care receiver's voice and the voice of health care professionals and other people involved in the circle of care.

Unlike predominantly single-voiced verbal somatographies, the "multivocal and multi-bodied" graphic caregiving memoirs prove the integral role of care and the inevitability of interdependency through visualising and articulating the perspectives of everyone hedged in the circle of care. Further, graphic medicine exploits "the medium-specific uniqueness of comics such as panels, gutters, iconic images, speech and thought balloons" to visibilise experiential realities of illness conditions (Venkatesan and Peter 3). The examples of graphic

caregiving memoirs include Sarah Leavitt's *Stan Mack's Janet & Me: An Illustrated Story of Love and Loss* (2004), *Tangles: A Story About Alzheimer's, My Mother, and Me* (2012), Joyce Farmer's *Special Exits: A Graphic Memoir* (2014), Roz Chast's *Can't We Talk about Something More Pleasant? A Memoir* (2014), and Dana Walrath's *Aliceheimer's: Alzheimer's Through the Looking Glass* (2016), among others. Predominantly, graphic caregiving memoirs explicitly depict the complexities in the everyday care process. In doing so, the graphic narratives give insistent attention to unarticulated and unacknowledged aspects of caregiving and deconstruct the common assumption of care as a labour of love. Deploying the affordances of comics, the medium facilitates the authors to express the emotions that accompany the process of care. Intended as a "personal memoir" (xi), Mack's *Janet & Me*, a love story and a dark-humorous cancer tale, is apportioned into ten chapters, excluding a prologue and an epilogue. It narrates the experiences of the protagonists, Janet and Stan, in "cancerland" (Mack 60). Written in an episodic style, the graphic narrative explores how caregiving plays a significant role in handling somatic aberrancies induced by the Janet's disease, cancer treatments and endure progressive incurable conditions.

6. Practices of Care in Stan Mack's *Janet & Me*

Stan Mack's *Janet & Me* affirms inevitable human vulnerabilities, dependency, and the importance of care for sustaining life during periods of illness. *Janet & Me* affirms care as an emotional and practical activity that glues the couple together for eighteen years. Besides affirming the centrality of care, the work sheds light on the nuances of material, emotional, and relational adjustments in the lives of both the caregiver and the care-receiver to cope with the copious physical, emotional, cognitive, and cognitive psychological challenges induced by the disease. Nevertheless, the precarious conditions manifested by Janet's cancer divulge care's potential to manage uncertain and perplexing circumstances. Though Janet and Stan are deeply inter-connected by their love and interdependence on each other, the incremental clutches of cancer rework the course of their lives and ways of living and snowball their reliance on dependency. Despite the divergence between how the couple deal with each phase of the two invasions of cancer, Janet and Stan's lives are steered by care. While Janet maintains a "sense of normalcy and control" when

she first encounters and combats cancer, she, in the second wave, fails in her "lion taming" of the disease (Mack 24). Diagnosed with breast cancer for the first time, Janet, in the first phase, gallantly takes charge of her fate and even oversees her insurance issues and chemo treatments. In Stan's words, "she didn't feel like a patient and didn't want to be treated like one" (Mack 23). However, Stan's finite yet significant care work exists quietly in the background. His tasks include "sitting by her in the chemo suite, reading, schmoozing, joking," massaging her lymphedema affected hand, tasting the "awful mushroom tea," and "supporting Janet's decisions and convictions" (Mack 23 and 30).

Nevertheless, recurring as "diffuse metastasis to the skeleton," cancer stipulates extensive transitions in their roles. In fact, the metastasised cancer demands "attuned attentiveness and adaptative tinkering" to handle the life-derailing vicissitudes of the disease (Mack 76; & Mol et al. 15). Their life embarks on an "emotional and physical rollercoaster" as the "proverbial invisible elephant" (Janet's fate) hurts them (Mack 62 and 81). As the spread of disease pushes Janet into precipitous physical and cognitive deterioration, the precarious condition fizzles out her vitality and elevates her demands for care. Resultantly, Stan's previously negligible care work takes the lead to accommodate incessant requirements for assistance and the unanticipated and disquieting alterations. The detrimental impact of cancer gradually increases Stan's caregiving work and demands him to take multiple roles of a 'kitchen man,' doctor, nurse, 'Jewish mother,' a pill organiser, and finally a 'death's midwife' (Mack 113).

Kleinman, in his article, *Caregiving as Moral Experience*, notes that the term 'taking care' implies "cultivation of the person and the relationships through practices of attending, enacting, supporting, and collaborating" (1551). Put differently, care practices cultivate the subjectivity of the people involved and demand them to be flexible enough to adapt to different circumstances. The remarkable role of Stan as a hypervigilant 'Jewish mother' suggests one of the necessary relational adjustments that Stan endures to feed Janet, who consumes less food. A person who cannot find the ice cube tray without his partner's help, Stan, manages to organise the refrigerator with foods and drinks as per Janet's dietary requirements. Two illustrations, for instance, Stan arranging edibles in the refrigerator and bringing Janet's favourite 'matzoh ball' soup, suggest a commutated role of Stan from

Janet's partner to a "Jewish mother" (Mack 90). The first illustration, portrayed in crosshatching technique, pictures Stan near an open refrigerator holding two packaged objects while simultaneously reciting a list of items (probably to Janet). These scenes succinctly capture his tough grind to solely persevere the onerous circumstance brought about by Janet's unanticipated condition. In a similar vein, the second illustration portraying Stan sitting beside her with a bowl of hot 'matzoh ball soup from Fairway' hints at his efforts to feed physically drained Janet, lying in her bed holding a notepad and a pen in her hands, trying to write something, by some means (Mack 90).

In their article, *Care: Putting Practice into Theory*, Annmarie Mol et al. propose that care "does not imply a docile acceptance of fate" (Mol et al. 15) but actively seeks to improve life despite the absence of a promising future. In many ways, *Janet & Me* documents the upheavals that the protagonist endures as cancer relentlessly progresses. Stan makes supreme efforts to abate her disability and pain. However, Stan's acknowledgement of his limitations to deal with the 'thing' emotionally and physically as they enter a "darker world of even more disheartening medical problems" resonates with Kleinman's reference to care as a "human development process" (Kleinman 1552; Mack 84). In line with Kleinman's assertion, the graphic narrative does not represent care as an 'innate human capacity' but renders care as a trait cultivated through continuous practice. Stan and Janet gradually adapt to debilitating problems by introducing necessary changes into their lives. Breaking down complex problems into manageable tasks such as "shopping for her favourite foods, helping her keep track of her meds, fielding phone calls ... and staying calm" and giving himself a "crash course" on what might lie ahead of available assisting tools such as bathroom grab bars, shower seats, etc., Stan seeks to ease Janet's plight (Mack 72) in multiple ways. Despite Janet's declining condition, he persistently assists, ameliorates, and defers Janet's psychosomatic challenges.

The graphic narrative also demonstrates a range of material adjustments brought into their life to ease Janet's unfortunate circumstances. For instance, there is a scene where Stan is pictured as getting himself prepared to help Janet to use the wheelchair (brought from the Bigelow's) to aid Janet's movement. While Janet is concerned about her four-footed cane being "too wide for the bathroom door" (Mack 85), Stan attentively tries to understand the instructions in the

manual. The illustration highlights a phase of material transition to ease Janet's suffering and portends such transition as a form of care that facilitates alternative modes of survival. Besides relational and material alterations, *Janet & Me* also underscores Stan and Janet's emotional adjustments as an expression of care. For instance, while their intimacy had "tapered off to gentle stroking," Stan struggles "with physical longings, which quickly mingles with exhaustion and feelings of guilt" (Mack 116). Yet, they comfort each other and recreate their affection by "reminiscing about the old days" (Mack 116). Noticeably, the crosshatched illustration foregrounding Janet and Stan's hands held together, communicate their affection, and suggests the incessant emotional attachment despite the vicissitudes in their life. Thus, such relational, material, emotional alterations brought into the couple's life as a form of care help them survive complicated situations engendered by cancer.

7. Conclusion

The interdisciplinary field of health humanities utilises rich materials of the Arts and Humanities to frame new understandings about health, illness, and well-being and, in so doing, health humanities promote humanistic approaches in healthcare. Besides insisting on the significance of whole-person understanding and patient-centred approach, health humanities acknowledge healthcare practitioners and patients' subjective and affective dimensions. In addition to its focus on the subjective experiences of the suffering person, health humanities also throw light on caregiving. Graphic medicine, a subfield of health humanities, critiques and falsifies neoliberal ideals by accentuating the experiential realities of caring and being cared for. In a neoliberal context, caregiving is a reparative response to the precarious conditions engendered by neoliberal policies (Caduff 788). Notably, graphic somatographies, written from caregivers' perspectives, critically engage the socio-cultural challenges of caregiving and encourage the readers to reconsider the relegated status of caregivers and care receivers in society. Graphic somatographies deepen the significance of care ethics by providing instances from real-life contexts. For example, Mack's *Janet & Me* analysed in this article is an instance of how material, emotional, and relational transitions made as a part of the caregiving process existentially support the protagonists to lead their lives despite the

complex situations occasioned by Janet's cancer. It is evident from the analysis that caregiving plays a crucial role in restoring the protagonists' fragmented personal and social life. Put differently, the emotional and the practical acts of care contribute to their existential healing when a biomedical cure becomes impossible. Notably, the relational acts of care help Stan and Janet handle the undesirable conditions of cancer mutually. Thus, the graphic narrative vindicates care ethics by reinforcing the significance of interdependence and relationality in the face of precariousness induced by the illness.

Interestingly, care ethics and the UN SDGs share similar concerns in that both insist on relational, reciprocal, and interdependence. Furthermore, such concern falsifies the qualities demanded by neoliberalism (such as austerity, non-relationality, and autonomy) and emphasises reciprocity and entanglement as a way forward to sustain life in the world. Mack's *Janet & Me* does not provide instances of interconnectedness between humans and other living and non-living creatures to sustain life. Having said that, the graphic narrative foregrounds the crucial role of human interdependence, especially during illness. Interestingly, dependence does not curtail the autonomy of the caregiver/the care receiver; instead, it constitutes the importance of relational autonomy. Graphic somatographies through the deft use of comics offer (multiple) compelling possibilities of sustaining life through caregiving, particularly during precarious times. The depictions of caregiving in *Janet & Me* resonates with the relational ethic espoused by the UN SDGs. Put differently, *Janet & Me* illustrates how care sustains fragile human life. To conclude, as a relational value and as a series of concrete practices, care contributes to the ethical and sustainable prosperity for the dependents.

References

- Adams, Rachel. "The Art of Interspecies Care." *New Literary History* 51.4 (2020): 695-716. doi:10.1353/nlh.2020.0043
- Bell, Kirsten and Green, J. "On the perils of invoking Neoliberalism in Public Health Critique." *Critical Public Health* 26.3 (2016): 239-243.
- Brown, Wendy. "Sacrificial citizenship: Neoliberalism, human capital, and austerity politics." *Constellations* 23.1 (2016): 3-14.
- Buber, Martin. *I and Thou*. Trans. Walter Kaufmann. New York: Charles Scribner's Sons, 1970.

- Butler, Judith. "Companion Thinking: A Response." *New Literary History* 51.4 (2020): 687–694. doi:10.1353/nlh.2020.0042
- Caduff, Carlo. "Hot Chocolate." *Critical Inquiry* 45. 3 (2019): 787–803.
- Chast, Roz. *Can't We Talk about Something More Pleasant? A Memoir*. London: Bloomsbury Publishing, 2014.
- Couser, G. Thomas. "Is There a Body in This Text? Embodiment in Graphic Somatography." *a/b: Auto/Biography Studies* 33.2 (2018): 347–373. doi:10.1080/08989575.2018.1445585
- Couser, G. Thomas. *Signifying Bodies: Disability in Contemporary Life Writing*. Ann Arbor: University of Michigan Press, 2009.
- Czerwiec, et al. *Graphic Medicine Manifesto*. University Park: Pennsylvania State University Press, 2015.
- DeFalco, Amelia. "Graphic Somatography: Life Writing, Comics, and the Ethics of Care." *Journal of Medical Humanities* 37.3 (2016): 223–240.
- DeFalco, Amelia. "Moral Obligation, Disordered Care: The Ethics of Caregiving in Margaret Atwood's Moral Disorder." *Contemporary Literature* 52.2 (2011): 236–263. doi:10.1353/cli.2011.0023
- Engel, George. "The Need for a New Medical Model: A Challenge for Biomedicine." *Science* 196. 4286 (1977): 129–136.
- Farmer, Joyce. *Special Exits*. Seattle: Fantagraphics Books, 2014.
- Ferguson, James. "The Uses of Neoliberalism." *Antipode* 41 (2010): 166–184.
- Fineman, Martha. "Masking Dependency: The Political Role of Family Rhetoric." *In The Subject of Care: Feminist Perspectives on Dependency*, Ed. Eva Feder Kittay and Ellen K. Feder. New York: Rowman and Littlefield, 2002. 215–244
- Gordon, Suzanne, Patricia Benner, and Nel Noddings, eds. *Caregiving: Readings in Knowledge, Practice, Ethics, and Politics*. Philadelphia: University of Pennsylvania Press, 1996.
- Harvey, David. *A Brief History of Neoliberalism*. Oxford: Oxford University Press, 2005.
- Held, V. *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press, 2006.
- Kingfisher, Catherine, and Jeff Maskovsky. "Introduction." *Urban Anthropology and Studies of Cultural Systems and World Economic Development* 30. 2 (2001): 105–121.
- Kittay, Eva Feder. *Love's Labor: Essays on Women, Equality, and Dependency*. London: Routledge, 1999.

- Kleinman, Arthur. "Caregiving as Moral Experience." *Lancet Perspectives* 380 (2012): 1550- 1551.
- Lavio, Mireille, et al. "The Nature of Care in Light of Emmanuel Levinas." *Nursing Philosophy* 7 (2006): 225-234.
- Leavitt, S. *Tangles: A Story about Alzheimer's, My Mother, and Me*. New York: Skyhorse Publishing, 2012.
- Lewis, Bradley. "Planetary Health Humanities – Responding to Covid Times." *Journal of Medical Humanities* 42 (2020): 3-16.
- Mack, S. *Janet & Me: An Illustrated Story of Love and Loss*. New York: Simon & Schuster, 2004.
- Miller, Sarah Clark. "Need, Care, and Obligation." *The Philosophy of Need*. Ed. Soran Reader. Cambridge: Cambridge University Press, 2005. 137- 160.
- Mol, Annemarie, Ingunn Moser, and Jeannette Pols. "Care: Putting Practice into Theory." *Care in practice: On Tinkering in Clinics, Homes and Farms* 8 (2010): 7-27.
- Slote, Michael. "Care Ethics and Liberalism." *Care Ethics and Political Theory*. Ed. Daniel Engster and Maurice Hamington. Oxford: Oxford University Press, 2015. 37- 50.
- Tronto, Joan C. *Moral Boundaries: A Political Argument for an Ethic of Care*. London: Routledge, 1993.
- United Nations. "The 17 Goals." United Nations Department of Economic and Social Affairs. (2020). <<https://sustainabledevelopment.un.org/sdgs>>
- Venkatesan, S. "Graphic Medicine Manifesto, by M. K. Czerwiec, Ian Williams, Susan Merrill Squier, Michael J. Green, Kimberly R. Myers, and Scott T. Smith." *Journal of Graphic Novels Comics*, 7. 1 (2016): 93-94.
- Venkatesan, S. and Peter Anu Mary. "Towards a Theory of Graphic Medicine." *Rupkatha Journal on Interdisciplinary Studies in Humanities*, 11. 2 (2019): 1-19.
- Walrath, Dana. *Aliceheimer's: Alzheimer's through the Looking Glass*. Pennsylvania: Penn State Press, 2016.
- Wrenn, Mary V., and William Waller. "Care and the neoliberal individual." *Journal of Economic Issues* 51.2 (2017): 495-502.